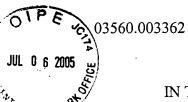
Approved for use through 07/31/2006. OMB 0651-0032 rademark Office: U.S. DEPARTMENT OF COMMERCE

\$7	Reduction Act of 1995, no persons	s are required to respond t	a collection o	of information unless it display	ays a valid OMB control number		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Complete if Known				
		4818) Application	Number	mber 10/660,622			
FEE TRANSMITTAL		Filing Date		September 12, 2003			
For FY 2005		First Name	First Named Inventor YAS		ASUFUMI TANAAMI, ET AL.		
Applicant claims small entity status. See 37 C.F.R. 1.27		Examiner I					
		Art Onit	nakat Na	2853 03560.003362			
TOTAL AMOUNT OF P	AYMENT (\$) 0.00	Attorney D	ocket No.	03560.003362			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any	Character and different fracts) as under promote of						
lee(s) dilde			d included on th	in form. Provide gradit gard			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND EXAMINATION F	EES					
ļ	FILING FEES Small Entity	SEARCH FEES Small Entit		AMINATION FEES Small Entity			
Application Type	Fee (\$) Fee (\$)	Fee (\$) Fee(\$)	Y <u>Fee</u>	—	Fees Paid (\$)		
Utility	300 150	500 250	. 20	00 100			
Design	200 100	100 50	13				
Plant Reissue	200 100 300 150	300 150 500 250	16 60	•			
1103300	100	200					
2. EXCESS CLAIM FEI	ES				Small Entity		
Fee Description	D. Committee of the com	00 d Ab i Ab		Fee(			
	or Reissues, each claim over 2 over 3 or, for Reissues, each						
Multiple dependent clain				360			
Total Claims	Extra Claims Fee (\$)	Fee Paid (\$)	Multi	ple Dependent Claims			
5 - 20 or HP	= 0 x	=	Fee(\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims Fee(\$)	Fee Paid (	<u> </u>				
1 3 or HP	P =0 x	=					
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 = (round <b>up</b> to a whole number) x =							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
,	Other: Amendment; and Submission of Replacement Drawings						
Outer. Americanioni, a	TO COMMISSION OF PROPINCE						
SUBMITTED BY	- 2 -						

Registration No. Telephone Signature (Attorney/Agent) 44,986 202-530-1010 Mustin/J Oliver Date: July 6, 2005 Name (Print/Type)





## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:		Examiner: L. Liang	
YASUI	FUMI TANAAMI, ET AL.	Group Art Unit: 2853	
Applica	ation No.: 10/660,622		
Filed: S	September 12, 2003	)	
For:	RECORDING APPARATUS	July 6, 2005	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Official Action mailed April 6, 2005, the Examiner is respectfully requested to consider the following amendments and remarks.